

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	46000/0001
First Named Inventor	Krawczyk, et al.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Beverage Distribution system and Method of its Manufacture
and Operation

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 07/20/2001 as United States Application Number or PCT International

Application Number PCT/US00/01400 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		03490		OR <input checked="" type="checkbox"/>		Correspondence address below	
Name Stephen J. Stark Miller & Martin LLP									
Address Suite 1000 Volunteer Building 832 Georgia Avenue									
City Chattanooga				State TN		ZIP 37402-2289			
Country USA			Telephone 423.756.6600			Fax 423.785.8480			
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>									
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Joseph D.				Family Name or Surname Krawczyk					
Inventor's Signature <i>Joseph D. Krawczyk</i>				Date 10/8/01					
Residence: City Pinconning		State MI		Country USA		Citizenship USA			
Mailing Address 5801 South Melita Road									
City Pinconning		State MI		ZIP 48650		Country USA			
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Norman C.				Family Name or Surname Strohfus					
Inventor's Signature				Date					
Residence: City Eagan		State MN		Country 55121		Citizenship USA			
Mailing Address 2750 Eagandale Boulevard									
City Eagan		State MN		ZIP 55121		Country USA			
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		03490		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Stephen J. Stark Miller & Martin LLP					
Address Suite 1000 Volunteer Building 832 Georgia Avenue					
City Chattanooga		State TN		ZIP 37402-2289	
Country USA		Telephone 423.756.6600		Fax 423.785.8480	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Joseph D.			Family Name or Surname Krawczyk		
Inventor's Signature				Date	
Residence: City Pinconning		State MI		Country USA	
Citizenship USA					
Mailing Address 5801 South Melita Road					
City Pinconning		State MI		ZIP 48650	
Country USA					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Norman C.			Family Name or Surname Strohhus		
Inventor's Signature 				Date 9/30/01	
Residence: City Eagan		State MN		Country 55121	
Citizenship USA					
Mailing Address 2750 Eagandale Boulevard					
City Eagan		State MN		ZIP 55121	
Country USA					
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	----------------------------------------------------------------------------------

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robert W.		Grace	
Inventor's Signature <i>Robert W. Grace</i>		Date	
Residence: City Twinsburg	State OH	Country USA	Citizenship USA
Mailing Address 1882 East Highland Road			
Mailing Address			
City Twinsburg	State OH	ZIP 44087	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
David J.		Glancy	
Inventor's Signature		Date	
Residence: City Twinsburg	State OH	Country USA	Citizenship USA
Mailing Address 1882 East Highland Road			
Mailing Address			
City Twinsburg	State OH	ZIP 44087	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robert W.		Grace	
Inventor's Signature		Date	
Residence: City Twinsburg	State OH	Country USA	Citizenship USA
Mailing Address 1882 East Highland Road			
Mailing Address			
City Twinsburg	State OH	ZIP 44087	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
David J.		Glancy	
Inventor's Signature <i>David J. Glancy</i>		Date	
Residence: City Twinsburg	State OH	Country USA	Citizenship USA
Mailing Address 1882 East Highland Road			
Mailing Address			
City Twinsburg	State OH	ZIP 44087	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Krawczyk, et al.
Title	Beverage Distribution System
Group Art Unit	
Examiner Name	
Attorney Docket Number	46000/0001

I hereby appoint:

☒ Practitioners at Customer Number

03490

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Douglas T. Johnson	31,841
Stephen J. Stark	43,152

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☒ Practitioners at Customer Number

03490

Place Customer
Number Bar Code
Label here

OR

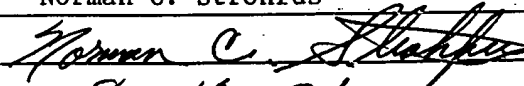
<input checked="" type="checkbox"/> Firm or Individual Name	Stephen J. Stark Miller & Martin LLP				
Address	Suite 1000 Volunteer Building				
Address	832 Georgia Avenue				
City	Chattanooga	State	TN	Zip	37402-2289
Country	USA				
Telephone	423.756.6600	Fax	423.785.8480		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Norman C. Strohfus
Signature	
Date	8-13-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Krawczyk, et al.
Title	Beverage Distribution System
Group Art Unit	
Examiner Name	
Attorney Docket Number	46000/0001

I hereby appoint:

☒ Practitioners at Customer Number

03490

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Douglas T. Johnson	31,841
Stephen J. Stark	43,152

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☒ Practitioners at Customer Number

03490

Place Customer
Number Bar Code
Label here

OR

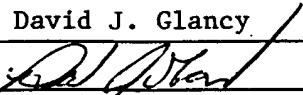
<input checked="" type="checkbox"/> Firm or Individual Name	Stephen J. Stark Miller & Martin LLP				
Address	Suite 1000 Volunteer Building				
Address	832 Georgia Avenue				
City	Chattanooga	State	TN	Zip	37402-2289
Country	USA				
Telephone	423.756.6600	Fax	423.785.8480		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	David J. Glancy
Signature	
Date	8/16/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Krawczyk, et al.
Title	Beverage Distribution System
Group Art Unit	
Examiner Name	
Attorney Docket Number	46000/0001

I hereby appoint:

☒ Practitioners at Customer Number
OR

03490

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Douglas T. Johnson	31,841
Stephen J. Stark	43,152

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number:

OR

☒ Practitioners at Customer Number

03490

Place Customer
Number Bar Code
Label here

OR

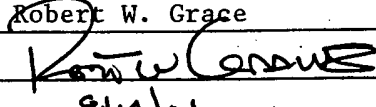
<input checked="" type="checkbox"/> Firm or Individual Name	Stephen J. Stark Miller & Martin LLP				
Address	Suite 1000 Volunteer Building				
Address	832 Georgia Avenue				
City	Chattanooga	State	TN	Zip	37402-2289
Country	USA				
Telephone	423.756.6600	Fax	423.785.8480		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert W. Grace
Signature	
Date	8/19/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.